

frESHTRK PROCEDURES

1.0 INTRODUCTION

frESHTRK is a database that is used at Fermilab primarily to support ES&H performance monitoring and follow-up of associated issues. Although issue tracking systems are often viewed as large “to do lists,” they can also provide valuable information about the status of associated programs. In particular, frESHTRK plays a key role in monitoring the status of Fermilab’s self-assessment program and other issues. This chapter contains Fermilab’s policy regarding its use as well as associated implementing procedures.

2.0 DEFINITIONS

2.1 Director’s Triennial ES&H assessments - Assessment whose purpose is to determine how well the Laboratory is meeting its goals to maintain a safe work place, protect the environment, strive for the highest quality work, and comply with Laboratory requirements.

2.2 Division /Section Internal Assessment – An assessment conducted entirely by division/section personnel and reported internally to the head of the division or section to measure the degree of compliance with DOE orders, FESHM or other directives from agencies of the federal and State government.

2.3 Division /Section Walkthrough – A less formal assessment conducted by senior management personnel.

2.4 DOE Headquarters Reviews – Reviews conducted by DOE organizations at the headquarters level, i.e., Office of Science or Environment, Safety, and Health. The methods for conducting these reviews and the handling of any associated corrective and preventive actions that result from them are established by the sponsoring Office.

2.5 ESH Section Independent Assessments - Assessments conducted on an as-needed basis by the ESH Section that are scheduled outside the Tripartite Assessment process. Such supplemental assessments may be motivated by an incident, a perceived weakness in an ES&H program, or by a new ES&H requirement.

2.6 Formal ES&H investigations - Investigations required by Fermilab’s Work Smart set of standards, including Computerized Accident Investigation Reporting System (CAIRS) and Occurrence Reporting and Processing System (ORPS) investigations, as well as formal internally initiated investigations.

2.7 Highly Protected Risk Inspections - ES&H inspections of buildings conducted by the Fire Protection Engineer and members of the assessed organization.

2.8 Lessons Learned (LL) - A "good work practice" or innovative approach that is captured and shared to promote repeat application. A lesson learned may also be an adverse work practice or experience that is captured and shared to avoid recurrence.

Note: Consult [OOBP Procedure #3903](#) for a description of the lessons learned program and implementation procedures.

2.9 Operational Awareness Reviews – A review planned and conducted by DOE-FSO. Results of these reviews may be considered when developing Fermilab's and/or division/section self assessment reports. Findings from these reviews are formally transmitted to the Laboratory along with requests for corrective and preventive actions that must be addressed

2.10 Regulatory Agency Inspections – Inspection by agencies external to DOE including EPA, IEPA, and USDOT.

2.11 Third Party Audits/Assessments – Audits and/or assessments performed on the organization by agencies external to Fermilab.

Note: Does not include those already defined above.

2.12 Tripartite Assessment – a major component of Fermilab's ES&H self assessment program. The Tripartite assessment is performed and planned jointly by a Division/Section, the ESH Section, and the DOE-FSO and led by a member of the organization being assessed.

3.0 RESPONSIBILITIES

3.1 Divisions/Sections Heads are responsible for

3.1.1 Entering the results of their internal assessments and inspections, including all findings (open and closed), into frESHTRK.

Note: Even though a finding may be immediately closed we need to track the fact that it was found in order to establish trends.

3.1.2 Entering the results into frESHTRK of the Tripartite ES&H assessments that were led by the division or section.

3.1.3 Developing corrective and preventive actions in response to the assessments and entering them into frESHTRK.

3.1.4 Implementing corrective and preventive actions and closing them out in frESHTRK.

3.1.5 Entering lessons learned corrective and preventive actions into frESHTRK.

3.1.6 Periodically reviewing the contents of frESHTRK to check on the appropriateness and status of follow-up actions, and to identify trends.

3.1.7 Verifying that corrective and preventive actions were implemented as reported. All findings with a Risk Code of 1 or 2 will have their corrective and preventive actions verified within 90 days or reported closure. Ten percent of the findings with a Risk Code of 3 will have their corrective and preventive actions verified. Documentation of the verification process shall be done annually.

Note: Findings with risk code 4 or 5 are considered de minimus and do not need verification.

3.2 The ES&H Director is responsible for

3.2.1 Managing the frESHTRK database and for providing training in its use.

3.2.2 Entering the results of assessments conducted by organizations external to Fermilab.

3.2.3 Entering the results of the HPR Inspections into frESHTRK.

3.2.4 Entering LL reviews into frESHTRK if it is determined that they are applicable lab wide.

3.2.5 Performing a quarterly review of the contents of frESHTRK to check on the appropriateness and status of follow-up actions, and to identify trends and lessons learned. Categories of findings will be examined to determine need for formal causal analysis.

4.0 PROCEDURES

4.1 frESHTRK uses

4.1.1 Mandatory for all ES&H assessments (external and internal). In order to provide a standardized mechanism for measuring progress in completing assessments, internal ES&H assessments must be entered, regardless of the presence or absence of findings. These would include but is not limited to external DOE or regulatory agency reviews, ES&H Tripartites, the Laboratory Director's Triennial ES&H Assessment, etc.

4.1.2 Mandatory for all investigations and inspections. The reports and any associated findings shall be entered. Examples include Occurrence Reporting and Processing System (ORPS), Computerized Accident Investigation Reporting System (CAIRS), Highly Protected Risk Inspections, and internal division/section assessments and inspections.

4.1.3 Mandatory for all drill critique findings and findings associated with emergency events.

Note: This includes recommended actions that result from a hot wash conducted after the Emergency Operations Center (EOC) activation.

4.1.4 Recommended for all other situations where the non-confidential tracking of issues and associated follow-up is desirable. frESHTRK can accommodate the tracking of a wide variety of issues and follow-up data, and its use is strongly encouraged. However, personnel related issues such as attendance problems should be avoided since access to records across organizational lines is discouraged.

4.1.5 Although this system can be used to assign corrective and preventive actions down organizational lines, it must not be used to assign work across division/section lines, unless negotiated with the other division/section head in advance.

4.1.6 Mandatory for actions to be taken as a result of non-conformances from third party audits/assessments.

4.1.7 Mandatory for actions to be taken resulting from the application of lessons learned received from sources such as; internal, external from other federal agencies, private industry, industry groups or those that are DOE generated.

4.2 Assessment response process

4.2.1 Although access to view the contents of frESHTRK is encouraged, data entry is generally limited to a small number of people within each division/section. These individuals should be familiar with the detailed functioning of the database.

4.2.2 Findings are not entered into frESHTRK until they have been validated by the assessed organization. If the risk code (see [FESHM 1040.3](#)) is 1 or 2, the finding shall be validated immediately so that corrective and preventive action can be quickly implemented.

4.3 Causal Analysis

4.3.1 A finding entered into frESHTRK that has an associated risk code of 1 or 2 ([FESHM 1040.3](#) refers) requires a formal causal analysis to assure that the corrective and preventive actions will be effective in preventing recurrence. The Chief Operating Officer is automatically notified of all Codes 1 or 2 entries. During the quarterly review for trends, all findings shall be examined as a group to determine if there is a need for further formal casual analysis.

4.4 Trending and Analysis

4.4.1 Trending and analyses are conducted quarterly by the ESH Section to determine if associated programs need to be redirected, to verify that root causes are being adequately addressed, and appropriate lessons learned were generated.